

## **Denali Commission Quarterly Project Narrative**

**Project Name: Providence Kodiak Island Medical Center Patient Care and Facilities Improvement Project**

**Agency: Providence Kodiak Island Medical Center**

**Reporting Period: 2<sup>nd</sup> Report - March 31, 2004**

**Grant #: 06-4-C-4894**

1. What is the status of the project; include portions completed?

**Project is partially complete (80%). Portable X-ray equipment has arrived on site and is in use. Fixed X-ray equipment arrived and is being installed. Anticipate project completion during the next quarter.**

2. Is the project on schedule; if not, how will this be dealt with?

**Project is on schedule.**

3. Is the project on budget; if not, how will this be dealt with?

**Project is on budget.**

4. Other comments/problems and solutions:

**Denali Commission  
Quarterly Project Financial Report**

**Project Name: Providence Kodiak Island Medical Center Patient Care and Facilities Improvement Project**

**Agency: Providence Kodiak Island Medical Center**

**Reporting Period: 2<sup>nd</sup> Report – this period ends 31 March 04**

**Grant #: 06-4-C-4894**

**Please include the following information:**

*(Use additional pages as necessary)*

**Budget Information:**

1. The total project budget—Denali Commission and other funds combined: \$422K
2. The total project expenditures as of the end of the most recent quarter: \$331K
3. The total amount of Denali Commission funds committed to the project: \$191K
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period: \$159,878.71 (expended and reimbursement requested separately).
5. The percentage of expenditures to the total budget: 74% of Denali (159,878.71 / 191,000.00)
6. Project Performance Analysis (use PPA form on page 2 of 641)

**Project Schedule:**

Show the project schedule with milestone dates for design and construction.

We anticipate that the remainder of the project will be complete during the next quarter.

**Denali Commission  
Quarterly Project Financial Report  
Project Performance Analysis (PPA) Form**

**Project Name: Providence Kodiak Island Medical Center Patient Care and Facilities Improvement Project**

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**Reporting Period: 2<sup>nd</sup> Report – this period ends 31 March 04**

**Grant #: 06-4-C-4894**

**NOTE: Include Denali Commission Grant Funds Only on this form.**

<b>Line Items:</b>	<b>Approved Budget:</b>	<b>Actual Cost:</b>	<b>Scheduled Completion Date:</b>	<b>Actual Work Performed:</b>
Portable X-ray machine	\$31K	\$31K	Completed	Equipment purchased and on-site.
X-ray room rehab & equipment replacement.	\$160K	\$128,878.71	15 May	Equipment has arrived and is being installed.
<b>Totals:</b>	\$191K	\$159,878.71		

Signature: \_\_\_\_\_

Date: 4/12/04

\_\_\_\_\_  
Print Name and Title: Jimmy Ng, Director KIHCF

Form 641B

**Completed Project Components**

A) Dual use (infant/adult) ventilator

\$24K

1915 E. Rezanof Drive  
Kodiak, Alaska  
99615

Tel 907 486-3281

The following charges are applicable to the Denali Grant for the new radiology room.

<u>Invoice Date</u>	<u>Vendor</u>	<u>Amount</u>
12/23/03	Philips Medical Systems	\$10,943.99
02/19/04	Philips Medical Systems	\$76,608.09
03/26/04	Philips Medical Systems	\$21,888.02
03/09/04	Local Electric, Inc.	\$ 1,200.00
04/01/04	Barry N. Still, P.E.	\$ 360.00
04/03/04	Kodiak Metals & Supply	\$ 1,212.50
04/05/04	Local Electric	\$16,666.11
	<b>Total</b>	<b>\$128,878.71</b>